

1731

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. ¹⁴⁷
~~247~~

Place of Birth

(Registration District)

County

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			
DATE OF BIRTH May 24 - 1922			
(Month) (Day) (Year)			
FULL NAME	FATHER		
Rollie	Ralph David Welker		
FULL MAIDEN NAME	MOTHER		
Fern	Fayetta Boswell		

I HEREBY CERTIFY that the child described
herein has been named

Glenna

(Give name in full)

(Surname)

Glenna Fern Welker

Mrs Fern Baker

(Parent's Signature)

J. W. Morris - Deceased

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

769-524-623